



BOBBY JINDAL, Governor

MARY L. LIVERS, MSW, PH.D, Deputy Secretary

# Office<sup>of</sup> Juvenile Justice

## OFFICE OF JUVENILE JUSTICE OVERTIME FORM

Employee Name: \_\_\_\_\_  
(Please Print)

ISIS HR #: \_\_\_\_\_

Please circle Unit: Central Office   Field Services   BCCY   JCY   SCY

Date	# of hours	Time	Reason

I certify that I have worked the hours recorded above:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I certify that the hours recorded above are correct:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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**\*Required only if overtime is being paid**

\_\_\_\_\_  
Appointing Authority/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

